MAXIMUS Federal Services

Case Number:	CM14-0158775		
Date Assigned:	10/02/2014	Date of Injury:	10/13/2010
Decision Date:	06/18/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on 10/13/2010. He reported injury to his lower back, right shoulder and neck. Treatment to date has included medications (Flexeril, Cymbalta, Omeprazole, Vicodin ES, Ambien and Neurontin) lumbar epidural injections. According to a progress report dated 09/08/2014, the injured worker complained of constant low back pain radiating to the lower extremities with numbness and tingling. Pain was rated 8 on a scale of 1-10. The injured worker requested an additional lumbar epidural. He was tapering Cymbalta. Diagnosis included lumbar radiculopathy. Treatment plan included Omeprazole, topical analgesics, Theramine, Trepadone, Ambien and Percocet and vitamin B12 injection. Currently under review is the request for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cymbalta 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 17.

Decision rationale: This patient presents with chronic low back, right shoulder and neck pain. The Request for Authorization is not provided in the medical file. The current request is for Cymbalta 60. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." This patient has been prescribed Cymbalta since at least 03/17/14. Most of the progress reports are hand written and partially illegible. According to progress report 03/17/14, with mediations the patient pain level was at 5/6-10 and without medications 10/10. The patient reported he is unable to stand without medications. Current medication regimen included Norco, Sonata Cymbalta and Lorazepam. Report 04/30/14 noted pain with meds as 5/10 and without meds 8-9/10. The patient reported duration of relief was average 4 hours. He is able to perform ADL's with improved participation in HEP with medications. Examination revealed low back pain that radiates into the bilateral lower extremity. There is decreased ROM, muscle spasms, DTR +2 in the lower extremity and positive bilateral SLR. In this case, given the patient's radicular symptoms and documentation of medication efficacy, the requested Cymbalta is medically necessary.